

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Emergency Room Physicians
Psychiatrists
Physicians
Federally Qualified Health Centers
Health Departments
Radiologists
Podiatrists
Anesthesiologists
Nurse Anesthetists
Hospitals
Rural Health Centers
Managed Care Plans
Advanced Registered Nurse Practitioners

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Medical Assistance Administration (MAA)

Subject: Telehealth

Effective for dates of service on and after October 1, 2003, the Medical Assistance Administration (MAA) will reimburse approved providers for covered services provided to MAA clients **via telehealth** when it is considered medically necessary. All telehealth policies and reimbursement methodologies are outlined in this memorandum.

What is telehealth?

Telehealth is when a health care practitioner uses interactive real-time audio and video telecommunications to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.

Using telehealth when it is medically necessary enables the health care practitioner and the client to interact in real-time communication as if they were having a face-to-face session. Telehealth allows MAA clients, particularly those in medically underserved areas of the state, improved access to essential health care services that may not otherwise be available without traveling long distances.

Ⓔ Note: The following services are **not** covered as telehealth:

- Email, telephone, and facsimile transmissions;
- Installation or maintenance of any telecommunication devices or systems;
- Home health monitoring; or
- “Store and forward” telecommunication based services
(Store and forward is the asynchronous transmission of medical information to be reviewed at a later time by physician or practitioner at the distant site).

Who is eligible for telehealth?

Fee-for-service clients are eligible for medically necessary covered health care services delivered via telehealth. The referring provider is responsible for determining and documenting that telehealth is medically necessary. As a condition of payment, the client must be present and participating in the telehealth visit.

MAA will not pay separately for telehealth services for clients enrolled in a managed care plan. Clients enrolled in an MAA managed care plan will have a plan indicator in the HMO column on their DSHS Medical ID Card. Managed care enrollees must have all services arranged and provided by their primary care providers (PCP). Please contact the managed care plan regarding whether or not the plan will authorize telehealth coverage. It is not mandatory that the plan reimburse for telehealth. The managed care plan's toll free number is located on the Medical ID Card.

When does MAA cover telehealth?

MAA covers telehealth through the fee-for-service program when it is used to substitute for a face-to-face, "hands on" encounter for only those services specifically listed on page 4 of this numbered memorandum.

Originating Site (*Location of Client*)

What is an "originating site"?

An originating site is the physical location of the eligible MAA client at the time the professional service is provided by a physician or practitioner through telehealth. Approved originating sites are:

- The office of a physician or practitioner;
- A hospital;
- A critical access hospital;
- A rural health clinic (RHC); and
- A federally qualified health center (FQHC).

Is the originating site reimbursed for telehealth?

Yes. The originating site is reimbursed a \$20 facility fee per completed transmission.

How does the originating site bill MAA for the facility fee?

- Hospital Outpatient: When the originating site is a hospital outpatient department, payment for the originating site facility fee will be paid according to the maximum allowable fee schedule. To receive reimbursement for the facility fee, outpatient hospital providers must bill revenue code 0789 on the same line as HCPCS code Q3014.
- Hospital Inpatient: When the originating site is an inpatient hospital, there is no reimbursement to the originating site for the facility fee.
- Critical Access Hospitals: When the originating site is a critical access hospital outpatient department, payment is separate from the cost-based reimbursement methodology. To receive reimbursement for the \$20.00 facility fee, critical access hospitals must bill revenue code 0789 on the same line as HCPCS code Q3014.
- FQHCs and RHCs: When the originating site is an FQHC or RHC, bill for the facility fee using HCPCS code Q3014. This is not considered an FQHC or RHC service and **will not be paid as an encounter**, and will not be reconciled in the monthly gross adjustment process.
- Physicians' Offices: When the originating site is a physician's office, bill for the facility fee using HCPCS code Q3014.

If a provider from the originating site performs a separately identifiable service for the client on the same day as telehealth, documentation for both services must be clearly and separately identified in the client's medical record.

Distant Site (*Location of Consultant*)**What is a “distant site”?**

A distant site is the physical location of the physician or practitioner providing the professional service to an eligible MAA client through telehealth.

Who is eligible to be reimbursed for telehealth services at a distant site?

MAA will reimburse the following provider types for telehealth services provided within their scope of practice to eligible MAA clients:

- Physicians (including Psychiatrists); and
- Advanced Registered Nurse Practitioners (ARNPs).

What services are covered using telehealth?

The following services/CPT[®] codes only:

- Consultations (CPT codes 99241-99275)
- Office or other outpatient visits (CPT 99201-99215)
- Psychiatric intake and assessment (CPT code 90801)
- Individual psychotherapy (CPT codes 90804-90809)
- Pharmacologic management (CPT codes 90862)

Note: Refer to MAA’s Physician’s Related Services Billing Instructions for specific policies and limitation on these CPT[®] codes.

How does the distant site bill MAA for the services delivered through telehealth?

The payment amount for the professional service provided via a telecommunications system by the provider at the distant site is equal to the current fee schedule amount for the service provided.

Use the appropriate CPT codes with modifier “GT” (via interactive audio and video telecommunications system) when submitting claims to MAA for payment.

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the Billing Instructions and Numbered Memorandum link). These may be downloaded and printed.

